



# Medical Quality Assurance Commission *Update!*

[www.doh.wa.gov/hsqa/mqac](http://www.doh.wa.gov/hsqa/mqac)

Vol. 1, Fall 2011

## Message from the Chair

As I begin my year as chair of the Medical Quality Assurance Commission (MQAC), I reflect on the work of the Commission since my appointment three years ago. We are now in the fourth year of our five-year pilot project. The legislature created the pilot to allow the Commission to function interdependently and allow us to have more authority over our budget and personnel. We are pleased with our outcomes data thus far, as we monitor our performance. We look forward to presenting our report to the legislature in December 2012.

The mission of the Commission is to promote patient safety and enhance the integrity of the profession. We do this through licensing, discipline, rule making, and education. We are challenged to do this in an ever-changing environment, evolving workforce, and with physicians and physician assistants re-entering practice. All of these subsets are part of larger systems and dependent on these systems for providing safe care.

We need to re-evaluate how we carry out physician and physician assistant discipline in this diverse landscape. Part of how the Commission will address the needs of the public and the workforce planning in this state is our demographic data collection effort. This will be part of the renewal process for every physician and physician assistant in the coming year. This data will better inform the Commission in knowing the state of the State and assist the database building efforts of the Federation of State Medical Boards (FSMB), as resolved at the FSMB annual

meeting, which FSMB hosted in Seattle in April of this year.

The U.S. Department of Health and Human Services will use this data when developing its national minimum data set for workforce planning. There are many helpful applications for this data on both the local and national levels. Of chief concern to the Commission is the fulfillment of the requirement set forth by the pilot project legislation: to provide national data in regulatory trends.

We dedicated our recent workshop to the topic of “Using National Research and Data to Enhance MQAC’s Approach to Patient Safety.” We learned from John Nance, JD, author, safety expert, and founding board member of the National Patient Safety Foundation, about the applicability of federal aviation standards to hospitals and medical practice settings. Dr. Kent Neff was very informative about understanding and managing disruptive physician

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## Mission

*Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule making, and education.*

behavior. Dr. Atul Gawande addressed the Commission via audio conference on the topic of enhancing patient safety. You can view the keynote presentation and reading materials on the commission website: [www.doh.wa.gov/hsqa/mqac](http://www.doh.wa.gov/hsqa/mqac)

The rules for the management of chronic non-cancer pain were adopted as of June 30, 2011 and will be effective January 2, 2012. We are pleased with the response thus far from the prescriber population and have seen overwhelmingly positive ratings of the continuing medical education materials. We encourage all physicians and physician assistants to participate in the free online educational resource for prescribers: <http://go.usa.gov/82R>. The interpretive statement for the management of chronic noncancer pain is in process and should be published in its entirety in the Winter 2011 edition of this newsletter.

The issues facing the Commission over the coming months include maintenance of licensure, physician re-entry, and an increasing number of complaints received. We can address many of these issues proactively through education. In that effort, we continue to implement our communication campaign to reach out to physicians, physician assistants, the legislature, professional societies, and academia. Through our website, this newsletter, email lists, addressing county medical societies and hospital systems, and direct mailing efforts, the Commission intends to make use of every available resource to keep our stakeholders informed.

We encourage you to contact us via email ([medical.commission@doh.wa.gov](mailto:medical.commission@doh.wa.gov)) if you have any questions or would like further information. It is an exciting time to be involved with this Commission and I am honored to preside over it as chair. I look forward to this next year, with the challenges and successes it will bring.

Sincerely,

Mimi Pattison, MD, FAAHPM, Chair  
Medical Quality Assurance Commission

## Message from the Executive Director

Through all the happenings with the Commission locally, we must remember to focus our efforts to effect change on a national scale. To this end, MQAC currently has two members and two staff members involved directly with the FSMB in advancing the efforts of medical regulation in this state.

Our immediate past chair, Dr. Les Burger, is now serving as a board member of the FSMB Foundation. The Foundation undertakes educational and scientific research projects designed to expand public and medical professional knowledge and awareness of challenges impacting health care and health care regulation. The Commission is confident that Dr. Burger will bring his formidable knowledge and experience to fruition in this new role.

Public Member Frank Hensley is fulfilling his term as a member of the FSMB audit and finance committee. We appreciate Mr. Hensley's efforts in verifying that the FSMB is truly being good stewards with its resources. Staff Attorney Larry Berg currently serves on the editorial committee for the FSMB quarterly *Journal of Medical Regulation*. Mr. Berg's attention to detail will no doubt contribute to the continued quality of this peer-reviewed journal. Research and Education Manager Micah Matthews will be attending the September 2011 FSMB meeting in Dallas, TX, which will cover the next phase of the implementation of the universal application for the MD license. This is an essential step in the efforts of MQAC to transition to online and paperless services.

Best Regards,

Maryella Jansen  
Executive Director

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## Washington's Prescription Monitoring Program

*Chris Baumgartner, Director  
Washington State Prescription  
Monitoring Program*

Prescription drug misuse is a national and local problem. It has caused an alarming growth in overdose deaths, hospitalizations, admissions for substance abuse, and non-medical use. In Washington, deaths involving unintentional prescription pain reliever overdoses increased nearly twenty-one-fold from 24 in 1995 to 490 in 2009. In the past decade, the numbers of hospitalizations for

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prescription pain reliever dependence and abuse have doubled, hospitalizations for methadone poisoning have increased five-fold, and poisoning hospitalizations from other prescription pain relievers have increased four-fold.

The Washington State Department of Health is implementing a Prescription Monitoring Program (PMP) to address this problem by collecting all records for schedule II, III, IV, and V drugs. Prescribers and pharmacists will be able to use this information as a tool in patient care.

The department held a public hearing June 27, 2011 for the proposed program rules. The rules are effective as of August 27, 2011 ([WAC 246-270](#)). You can find the adopted rules and more information (<http://go.usa.gov/82Q>) online. Dispensers must start reporting data on October 7, 2011. The department developed a data submission manual, along with other resources to help dispensers with this process. You can find these resources online at [www.wapmp.org](http://www.wapmp.org). The department expects the system to be ready to receive and respond to requests from prescribers and other system users by January 2012.

This program will affect practitioners in two different ways. First, any practitioner who dispenses controlled substances from their office must submit those records to the department. Practitioners do not have to report any prescribing or administering of controlled substances — only dispensing. The draft rules require weekly data submission using electronic methods. If a practitioner does not have the necessary software to submit the required files, they will have an online submission form they can use to report individual dispensing records.

The second impact of the project is a tool to improve patient care and work to assure patient safety. Practitioners may request prescription history reports for their patients from the program. They will be able to access this information online 24 hours a day, seven days a week anywhere that a user has Internet access. The information provided will allow a practitioner to look for duplicate prescribing, misuse, drug interactions, and other potential concerns. By having this information available before prescribing or dispensing, a practitioner can provide improved care to their patients.

The program website (<http://go.usa.gov/82U>) provides more information and an option to receive updates through a listserv. You can also contact PMP Director Chris Baumgartner at 360-236-4806, or by email. ([prescriptionmonitoring@doh.wa.gov](mailto:prescriptionmonitoring@doh.wa.gov)).

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## **Commissioner Spotlight:**

### *Elections Edition*

The Medical Quality Assurance Commission elected a new slate of officers to the position of chair, first vice-chair, and second vice-chair. The members selected for leadership were elected unanimously by the Commission at the July 22, 2011 Business Meeting.

#### **Marilyn (Mimi) Pattison, MD, Chair** (District 6, term expires June 2012)

Mimi Pattison, MD has been a licensed physician in Washington State since 1989. Governor Gregoire appointed Dr. Pattison to the Commission in 2008. She was born and raised in Montana. She graduated from the University of Washington School of Medicine and completed a residency and fellowship at University of Arizona.

She is board certified in Internal Medicine, Nephrology, and Hospice and Palliative Medicine. Dr. Pattison has practiced with the Franciscan Health System in Tacoma for 20 years and is currently the medical director for Hospice and Palliative Medicine. Dr. Pattison received the prestigious 2010 Sojourns Award from the Regence Foundation, Regence Health Plan.

#### **Richard Brantner, MD, 1st Vice-Chair** (District 9, term expires June 2015)

Dr. Brantner is a native of Columbus, Ohio. He entered the United States Navy in January of 1969 during the Vietnam era and served as a hospital corpsman and operating room technician. His military career spanned four decades, reentering the United States Army as a medical officer after a 17

year break in service. Dr. Brantner was activated in support of the global war on terrorism, Operation Iraqi Freedom, and served in Al Ramadi Iraq in 2005.

He retired from active and reserve status in 2010 as a Lieutenant Colonel. He attended Ohio State University, and received his Bachelor's Degree from George Washington University as a physician assistant. He attended medical school at the University of Colorado. He performed his internship at Tripler Army Medical Center in Honolulu, Hawaii, and residency in emergency medicine at Madigan Army Medical Center in Tacoma, Washington, receiving high honors. Dr. Brantner is board certified in emergency medicine by the American Board of Emergency Medicine, and is a fellow in the American Academy of Emergency Medicine. He currently works full-time as an emergency physician at Providence St. Peter Hospital in Olympia, Washington.

Governor Gregoire appointed Dr. Brantner to the Commission in 2007. She reappointed him for an additional four-year term in July of 2011, when the Commission members elected him as first vice-chair. He was instrumental in the development of the rules for the treatment of chronic noncancer pain and the guideline for the transmission of critical medical information (TCMI). He resides in Lacey, Washington with his wife of 28 years who is a pediatrician. He has three college age children and one new grandchild.

### **William A. Gotthold, MD, 2nd Vice-Chair (District 4, term expires June 2012)**

Dr. Gotthold received his Bachelor of Arts from Trinity University in San Antonio and his Medical Degree from Tulane Medical School in 1969. He did an internship and two years of general surgery training at Letterman Army Medical Center before deciding that emergency medicine was his future. He was a Major in the Medical Corps, and director of the Emergency Department (ED) at Silas B. Hays Army Hospital at Fort Ord from 1973 to 1975. After the Army, he was ED Director at Mercy Hospital in

Redding, California, and Medical Director for the Northern California EMS system.

He came to Wenatchee in 1978 as the first full-time emergency physician. He was a medical staff chief, and served on Credentials, Quality Care, and Ethics committees for Central Washington Hospital and Wenatchee Valley Medical Center (WVMC). He is currently an associate medical director and medical informatics officer for WVMC. He was an oral examiner for the American Board of Emergency Medicine (ABEM) from 1980 to 2006, and was on the Board of Directors of ABEM from 1994-2003. He has been a Commissioner since 2006, appointed by Governor Gregoire to fill out a partial term 2006-2008 and then for 2008-2012. He has been married almost 42 years and has two sons; one is a PhD engineer and the other is a Lieutenant Commander in the Navy.

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### **Physician Asstants and Practice Plans: What you need to know**

A PA or PA-C may practice medicine in this state only with a commission approved Practice Arrangement Plan and only to the extent permitted by law. A PA or PA-C who received a license but has not received commission approval of the Practice Arrangement Plan may not practice. ([RCW 18.71A.030](#))

A PA or PA-C may only provide care as described in the Practice Arrangement Plan approved by the commission. You can find a Practice Arrangement Plan on the commission's web site at ([www.doh.wa.gov/hsqa/mqac/Files/PACpractPl.pdf](http://www.doh.wa.gov/hsqa/mqac/Files/PACpractPl.pdf)). The approval process may take up to three days.

If the PA or PA-C is trained to perform additional procedures beyond those approved by the commission, the training must be carried out under the direct supervision of the sponsoring MD or a qualified person mutually agreed upon by the sponsoring MD and the PA or PA-C. ([WAC 246-918-140](#))

When the working relationship ends, the sponsoring MD and the PA or PA-C must each submit a letter or email ([medical.commission@doh.wa.gov](mailto:medical.commission@doh.wa.gov)) to the commission indicating the end of the working relationship. ([WAC 246-918-110](#)) A PA or PA-C must submit a new Practice Arrangement Plan if the:

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- PA or PA-C changes supervising physicians.
- PA or PA-C goes to another practice.
- The practice moves to a new location.

The PA or PA-C must keep the Practice Arrangement Plan up-to-date at all times. No MD may supervise more than three PAs or PA-Cs without written approval from the commission. ([WAC 246-918-090](#))

We appreciate your attention to these requirements for the practice of physicians, physician assistants and physician assistants-certified in Washington State.

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## **Washington Physicians Health Program – Helping Healthcare Practitioners Heal**

For the past 25 years, the Washington Physicians Health Program (WPHP) has assisted with the recovery of nearly 975 healthcare practitioners in the state of Washington. The program was founded in 1986 by a group of concerned members of the Washington State Medical Association (WSMA) who represented the Committee on Personal Problems of Physicians, with the mission of reaching out to troubled colleagues. The WSMA established the program with both the legislative and financial foundation to function as an independent, not-for-profit organization.

WPHP helps identify, refer for evaluation or treatment, monitor the recovery, and endorse the safety of healthcare practitioners who have a condition, mental or physical, which could affect their ability to practice with reasonable skill and safety. Some examples of these conditions include: substance abuse or dependence, depressive disorder, bipolar mood disorder, cognitive disorders, personality disorders, and physical disorders, such as multiple sclerosis or chronic pain. WPHP offers a variety of different programs for chemical dependency, mental illness, co-occurring disorders, physical and neurological disability, and stress and behavioral issues.

Under its contract with the Washington State Department of Health, WPHP provides services to physicians, dentists, veterinarians, podiatrists, and physician assistants. Confidentiality is one of the

program's most critical components; to the maximum extent provided by existing State and Federal laws, WPHP is a confidential resource for healthcare practitioners and their spouses, domestic partners, families, employers, and colleagues who have concerns that a practitioner might be at risk for potential impairment. The program provides its services as a therapeutic alternative to discipline.

WPHP continues to be a national leader in program design, research, and prevention of impairment. In 2005, WPHP clinical staff, in collaboration with the University of Washington Department of Anesthesia, published a seminal outcome study of 292 healthcare practitioners who entered the program for monitoring of a substance use disorder between January 1, 1991 and December 1, 2001. This study, "Risk Factors for Relapse in Health Care Professionals with Substance Use Disorders," (Domino, et al. *JAMA*. 2005;293:1453-1460) demonstrated that 75% of participants had no relapses during the 11-year study period, a remarkable success rate. In response to the study, the WPHP added a psychiatrist to its staff to more aggressively monitor individuals at increased risk for relapse. A follow-up study for participants entering the program after 2001 is in progress.

Nationally, WPHP also participated in a long-term study evaluating the effectiveness of U.S. state physician health programs in supporting the recovery and return to work of physicians with substance use disorders (McLellan T, et al. "Five Year Outcomes in a Cohort Study of Physicians Treated for Substance Use Disorders in the United States". *BMJ*. 2008 Nov 4;337:a2038). Among the 904 participants included in this study from 16 state physician health programs, 75% of physicians with substance use disorders also had favorable recovery and employment outcomes following five years of monitoring.

The efforts of WPHP protect the people of Washington through innovations in identifying at-risk behaviors of healthcare practitioners that could interfere with their well-being and ability to practice with reasonable skill and safety to their patients. Staff members are available for confidential

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referrals and educational presentations on topics such as Addiction 101, Impairment in the Workplace, WPHP: Who We Are and What We Do, Strategies to Treat and Prevent Burnout, and Co-occurring Disorders, among others. If you would like more information, please visit the website at [www.WPHP.org](http://www.WPHP.org) or call toll-free at (800) 552-7236.

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## The Story of Dr. “Brown”

Interview by Jean Colley  
Editor, WSMA Reports

Dr. “Brown” says his story is a “little more extreme than your average doctor” but not unusual in the general AA community. In the 1990s while living in another state and drinking heavily, he surrendered his license after admitting that he was using intravenous opioids.

He went six years without a medical license, repeatedly trying to break his twin addictions to opioids and alcohol. By 2000 he was drinking a half gallon of vodka every two days and working as a grocery store clerk. “I was very concerned whether I would live through my alcoholism,” he said. “It’s worse than most chronic diseases. It’s hard for someone who’s not an alcoholic to understand, but there is this profound loss of control. There’s a huge compulsion and obsession in the brain. The brain is actually malfunctioning. And it eliminates the ability to control what you’re doing.”

His turning point came on a morning at home when he walked down the hall and noticed his young daughter sitting alone in front of the TV watching Sesame Street. He said, “It was an incredible feeling that came over me, that I would never be the kind of father she deserved unless I could get into recovery.”

Within a few days Dr. Brown checked into treatment. Even though he did not want to drink anymore he found it very difficult to get through the cravings and the compulsions that accompany the physiological process of getting sober. He feared that it would get too bad and that he would leave. But after a month, the compulsions lessened, and within three months, they diminished significantly.

He asked the Washington Physicians Health Program for help with his aftercare although he was outside WPHP’s usual purview since he did not have an active medical license. WPHP staff, who had tried to help him years earlier without success, told him they would take him on as a client if he could remain sober for a year and undergo regular counseling.

At one year of sobriety, they admitted him into their program but, he said, “I didn’t know if I was ever going to practice medicine.” After three years of sobriety, Dr. Brown began to miss medical practice, and WPHP officials encouraged him to apply for a license. He filled out the application, including details of his history of drug addiction. “I figured at least I’d have to go down and stand before MQAC and maybe have all these stipulations on my license for many years,” he said. “WPHP went before MQAC and talked about me. On the strength of their recommendation and the documentation of my several years of sobriety they gave me a license. It was an incredible thing. I took the license to my WPHP recovering doctors’ meeting.”

Now practicing again, Dr. Brown finds medicine more satisfying than ever before. “Helping other people is key—that’s part of the 12-step program. My whole reason for living now is serving humanity. It makes practicing medicine so much better. I can make a huge difference.”

Reprinted from November/December 2006 *WSMA Reports* with permission of Jean Colley and the Washington State Medical Association. The physician featured in this article is in good standing professionally and doing well in his recovery.

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## Administrative Actions: April 1, 2011 – June 30, 2011

Below are summaries of interim suspensions and final actions taken by the Commission last quarter. We did not list Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders. You can find all orders on the Commission’s website: <http://go.usa.gov/822>

**Bartlett, Michael, MD (MD00036071)**

Stipulation to Informal Disposition. Respondent allegedly failed to adequately treat a patient with hypertension and lower back pain. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete a CME course on managing hypertension, a CME course on record-keeping, write a paper, and submit to chart audits. June 2, 2011.

**Baxter, Robin, MD (MD00016767)**

Stipulation to Informal Disposition. Respondent allegedly failed to complete her required CME in a timely manner. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which she would not have her license renewed until she made up 167 hours of CME. She must also file quarterly reports of her progress in completing the CME. June 8, 2011.

**Besant-Matthews, Patrick, MD (MD00010150)**

Findings of Fact, Conclusions of Law and Final Order of Default (Failure to Respond). Respondent failed to complete his CME and failed to respond to requests from the commission. After failing to respond to a Statement of Charges, the Commission suspended Respondent's license to practice medicine in the state of Washington. May 6, 2011.

**Betz, Robert, MD (MD00023830)**

Stipulation to Informal Disposition. Respondent allegedly failed to adequately manage a patient with a breast lump. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete a CME course on the evaluation of screening for breast cancer, write a paper, prepare an office protocol and submit to chart audits. April 30, 2011.

**Bresaw, Lois, MD (MD00024914)**

Stipulated Findings of Fact, Conclusions of Law and Agreed Order. Respondent provided substandard care when delivering a baby and did not respond in a timely manner to calls from labor and delivery nurses. Respondent agreed to a probationary period during which she is restricted from providing obstetrical care, will undergo an assessment by the WPHP and follow recommendations, complete CME on effective communication, and submit to practice reviews. April 30, 2011.

**Brown, Michael, MD (MD00028042)**

Stipulated Findings of Fact, Conclusions of Law and Agreed Order. Respondent provided substandard care to a number of patients. Respondent agreed to a probationary period during which he is restricted from providing opioids in excess of 120mg morphine equivalent dose, write a paper, maintain good communication with other physicians, and submit to practice reviews. June 2, 2011.

**Chan, Kimberly, MD (MD00046109)**

Stipulation to Informal Disposition. Respondent allegedly performed a hernia repair on a patient but missed the hernia, and failed to adequately document decision-making in a hernia repair on another patient. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which she will complete a CME course on laparoscopic surgical repair of ventral hernias, perform a literature review, write a paper and give a peer group presentation. April 30, 2011.

**Cornu-Labat, Gaston, MD (MD00040392)**

Findings of Fact, Conclusions of Law and Final Order. Respondent failed to comply with a Commission order to undergo a psychological evaluation. The Commission suspended Respondent's license indefinitely. April 29, 2011.

**Did you know?**

*You can check the status of any license holder in the state of Washington? You can also view the legal documents if the license has had action against it.*

Try it now: <http://go.usa.gov/822>

**Diller, John, MD (MD00013892)**

Stipulation to Informal Disposition. Respondent allegedly failed to keep adequate medical records. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will maintain adequate medical records, complete a CME course on medical record-keeping, and submit to chart audits. April 13, 2011.

**Dyess, Cynthia, MD (MD00026806)**

Findings of Fact, Conclusions of Law and Final Order (Waiver of Hearing). Respondent failed to cooperate with an investigation by failing to provide medical records to the Commission. Respondent's license was suspended indefinitely. April 21, 2011.

**Geyer, Dennis, MD (MD00048961)**

Stipulated Findings of Fact, Conclusions of Law and Agreed Order. Respondent was convicted of third-degree assault, a felony. Respondent agreed to a probationary period during which he will submit to workplace monitoring, psychotherapy, supervisor reports and appearances before the Commission. April 30, 2011.

**Huang, Joe, MD (MDRE.LE20008964)**

Findings of Fact, Conclusions of Law and Final Order of Default (Failure to Respond). Respondent failed to cooperate with an investigation. Respondent also failed to respond to a Statement of Charges in Washington and was suspended. May 13, 2011.

**Jackson, Tamara, PA (10004632)**

Stipulation to Informal Disposition. Respondent allegedly failed to adequately review and interpret x-rays of a malalignment of a forearm fracture that was repaired by another provider. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete a CME course on the management of orthopedic fractures, write a paper and submit to practice reviews. June 2, 2011.

**Jaramillo, Kenneth, MD (MD00032798)**

Stipulation to Informal Disposition. Respondent allegedly left a patient under anesthesia for a short period of time and corrected a patient's dental anesthesia record without notating the correction. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete a CME course on anesthesia, write a paper, maintain anesthesia logs for the Commission's review, provide copies of records to attending physicians within ten days of the procedure, and submit to chart audits. June 2, 2011.

**Kats, Alexander, MD (MD60048623)**

Stipulation to Informal Disposition. Respondent allegedly failed to comply with a "Pledge of Honesty" with the American Board of Internal Medicine in which he agreed not to disclose portions of the certification examination. Respondent does not admit to unprofessional conduct. Respondent agreed to take an ethics course. April 20, 2011.

**Lowe, Daniel, MD (MD00042755)**

Stipulated Findings of Fact, Conclusions of Law and Agreed Order. Respondent, after performing a sigmoid colectomy, allegedly failed to conduct appropriate tests to determine the cause of free air in the patient's abdomen. Respondent agreed to surrender his license because he was not practicing and had no plans to practice medicine. June 2, 2011.

**Massey, Timothy, MD (MD00030689)**

Stipulation to Informal Disposition. Respondent allegedly performed an L-5 left-side decompression on a patient's back instead of the right-sided decompression, and performed a spinal fusion on a patient that caused the patient to have flat back syndrome. Respondent does not admit to unprofessional conduct. Respondent agreed to have his license converted to active-retired status and to not perform surgery requiring moderate sedation, deep sedation or general anesthesia. June 15, 2011.



**Mendrey, Barbara, MD (MD00033694)**

Stipulation to Informal Disposition. Respondent allegedly failed to order an adequate cardiovascular workup for a patient with chest pain. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which she will complete a CME course on heart disease in women and submit to chart audits. April 27, 2011.

**Osgood, John, MD (MD00031656)**

Stipulation to Informal Disposition. Respondent allegedly operated on the wrong foot. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will submit protocols designed to prevent wrong-site surgery that have been implemented at the facilities at which he operates, write a paper on wrong-site surgery, report “never events” to the Commission and submit to practice reviews. June 2, 2011.

**Renk, Eric L., PA (PA10005283)**

Stipulation to Informal Disposition. Respondent allegedly prescribed medication to a patient without keeping medical records. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete a CME course on prescribing for chronic pain and a course on ethics and boundaries. April 6, 2011.

**Richardson, Catherine, MD (MD00013892)**

Stipulated Findings of Fact, Conclusions of Law and Agreed Order. Respondent allegedly treated nursing staff in a rude and demeaning manner. Respondent agreed to a probationary period during which she will undergo an assessment by the WPHP and follow recommendations. April 20, 2011.

**Southerland, Stephen, MD (MD00034449)**

Stipulation to Informal Disposition. Respondent allegedly operated on the wrong knee of a patient. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will submit protocols designed to prevent wrong-site surgery that have been implemented at the facilities at which he operates, write a paper on wrong-site surgery, report “never events” to the Commission and submit to practice reviews. April 13, 2011.

**Tsoi, Andrew, MD (MD00009599)**

Stipulation to Informal Disposition. Respondent allegedly prescribed a sulfa-based antibiotic to a patient with a known allergy to sulfa-based medication. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will complete a CME course on medication-induced allergies and write a paper. April 27, 2011.

**Varner, Vernon, MD (MD60026499)**

Findings of Fact, Conclusions of Law and Final Order of Default. Respondent entered into an agreement with the Iowa Board of Medicine that he would cease practicing medicine in Iowa. This resulted in a suspension of his license to practice medicine in the state of Washington. Respondent failed to respond to a Statement of Charges in Washington and was suspended. April 20, 2011.

**Venuto, Gail, MD (MD00037283)**

Stipulation to Informal Disposition. Respondent allegedly failed to identify fetal distress and adequately document her decision-making. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which she will complete CME on fetal-heart rate monitoring and record-keeping, and submit to chart reviews. April 27, 2011.

**Watanabe, Arthur, MD (MD00026919)**

Stipulation to Informal Disposition. Respondent allegedly failed to inform a patient of the results of an MRI. Respondent does not admit to unprofessional conduct. Respondent agreed to a probationary period during which he will prepare a written protocol for handling imaging reports that he orders, and submit to practice reviews. June 2, 2011.

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## Definitions:

**Stipulated Findings of Fact, Conclusions of Law and Agreed Order** — a settlement resolving a Statement of Charges. This order is an agreement by a licensee to comply with certain terms and conditions to protect the public.

**Stipulated Findings of Fact, Conclusions of Law and Final Order** — an order issued after a formal hearing before the commission.

**Stipulation to Informal Disposition (STID)** — a document stating allegations have been made, and containing an agreement by the licensee to take some type of remedial action to resolve the concerns raised by the allegations.

**Ex Parte Order of Summary Suspension** — an order summarily suspending a licensee's license to practice. The licensee will have an opportunity to defend against the allegations supporting the summary action.

## Medical Commission adopts the FSMB Universal Application

In April 2011, the Medical Commission implemented the FSMB Universal Application (UA) for the physician and surgeon license. The Commission adopted this change to improve customer service and reduce the length of the licensing process. The UA makes use of the Federation Credentials Verification Service (FCVS) to auto-populate seventy percent of the application. This saves the applicant time filling out the application and will save the Commission staff time entering the data into its licensing system. The UA and FCVS also increase data integrity. This reduces fraud and information deficiency delays associated with the application process. You can find the UA on the Commission's website: <http://go.usa.gov/825>.

As the Commission steadily moves to online services, the FSMB UA will be a primary tool to gain efficiency in its processes.

## Death Certificate Rules Revisited

The Commission has received complaints that physicians fail to complete death certificates in a timely manner or fail to list the cause of death on the death certificate. A death certificate provides important information about the decedent and the cause of death. This information has many uses related to the settlement of the estate and for state and national mortality statistics that help determine research and funding, set health policy, and measure public health.<sup>1</sup>

The Commission wishes to remind physicians and physician assistants that pursuant to RCW 70.58.170, a funeral director or person having the right to control the disposition of human remains must present the death certificate to the physician, physician assistant or nurse practitioner last in attendance upon the deceased. The physician, physician assistant or nurse practitioner then has two business days to certify the cause of death according to his or her best knowledge and sign or electronically approve the certificate, unless there is good cause for not doing so.

A physician should consider the signing of a death certificate giving a medical opinion as to the cause of death as the final act of caring for the patient.<sup>2</sup> The failure to sign a death certificate in a timely manner or to list the cause of death can cause a number of problems for the patient's family, and can result in disciplinary action by the Commission.

(Endnotes)

1 "Physicians Handbook on Medical Certification of Death," U.S. Department of Human and Health Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, page 1.

2 Id. at pages 4-5.

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## MQAC Vital Statistics

- The Commission is currently participating in a 5-year pilot project to measure performance and efficiency.
- 21 members: 13 MDs, 2 PAs, 6 public members.
- 39 staff, \$11M biannual budget.
- The Commission currently licenses 28,797 physicians and physician assistants.
- 90% of investigations completed on time in 2010.
- Reduced investigative aged-case backlog by 75%.
- Reduced legal aged-case backlog by 50%.
- Followed legislatively-mandated disciplinary sanction rules in 99% of disciplinary orders.

## Actions in Fiscal 2011

- Issued 2540 new licenses
- Received 1164 complaints/reports
- Investigated 731 complaints/reports
- Issued 84 disciplinary orders
- Summarily suspended or restricted 13 licenses
- Actively monitoring 171 practitioners

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## Policy Corner

At the July 22, 2011 Business Meeting the Commission approved the following policies:

- Consent Agenda MD2011-06
- Processing Completed Investigations More Efficiently MD2011-07

To view the most current policies and guidelines for the Commission, please visit our website:  
<http://go.usa.gov/828>

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**Do you have ideas or suggestions for future commission newsletters? Is there something specific that you think we should address or include?**

**Please submit suggestions to:**  
[micah.matthews@doh.wa.gov](mailto:micah.matthews@doh.wa.gov)

## Recent Licensee Congratulations

**The Washington State Medical Quality Assurance Commission wishes to congratulate and welcome all of the recent licensees to the state.**

**A list of recent licensees will be updated quarterly on the Commission website and may be found at the following web address:**  
<http://go.usa.gov/82X>

## Medical Quality Assurance Commission Meetings 2011–2012

Date	Activity	Location
September 29 – 30	Regular Meeting	Puget Sound Educational Service District (PSESD)  Blackriver Training & Conference Center 800 Oakesdale Ave SW Renton, WA 98057
November 17 – 18	Regular Meeting	Department of Health – Point Plaza East  310 Israel Rd Rms 152/153 Tumwater, WA 98501
January 12 –13, 2012	Regular Meeting	PSESD

## Other Meetings

September 9 – 11, 2011	WSMA Annual Meeting	Spokane, WA
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*All MQAC meetings are open to the public.*



Washington State Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866

The law requires each practitioner to maintain a current name and address with the department. Please submit address changes and appropriate documentation for name changes to:  
[medical.commission@doh.wa.gov](mailto:medical.commission@doh.wa.gov)

### Medical Quality Assurance Commission

<b>Applications:</b>	<b>MD A–L</b>	360-236-2765
	<b>MD M–Z</b>	360-236-2767
	<b>PA</b>	360-236-2771
<b>Renewals/Refunds:</b>		360-236-2834
<b>Continuing Education:</b>		360-236-2766
<b>Complaints:</b>		360-236-2762
<b>Complaint Form:</b>		<a href="http://go.usa.gov/824">http://go.usa.gov/824</a>
<b>Discipline:</b>		360-236-2764
<b>Investigations:</b>		360-236-2770
<b>Fax:</b>		360-236-2795
<b>E-mail:</b>		<a href="mailto:medical.commission@doh.wa.gov">medical.commission@doh.wa.gov</a>
<b>Website:</b>		<a href="http://go.usa.gov/82B">http://go.usa.gov/82B</a>
<b>Public Disclosure:</b>		<a href="mailto:PDRC@doh.wa.gov">PDRC@doh.wa.gov</a>
<b>Provider Credential Search:</b>		<a href="http://go.usa.gov/822">http://go.usa.gov/822</a>
<b>Listserv Sign-up Links:</b>		
Minutes and Agendas:		<a href="http://go.usa.gov/82T">http://go.usa.gov/82T</a>
Rules:		<a href="http://go.usa.gov/82b">http://go.usa.gov/82b</a>
Legal Actions:		<a href="http://go.usa.gov/82j">http://go.usa.gov/82j</a>
Newsletter:		<a href="http://go.usa.gov/82Z">http://go.usa.gov/82Z</a>

### Medical Quality Assurance Commission Members

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Richard D. Brantner, MD– 1st Vice Chair  
William E. Gotthold, MD– 2nd Vice Chair

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Athalia Clower, PA-C  
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Peter K. Marsh, MD  
Linda A. Ruiz, JD  
Anjan K. Sen, MD  
Mimi Winslow, JD

### Washington State Medical Quality Assurance Commission Newsletter–Fall 2011

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